

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

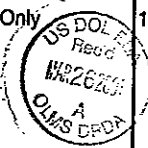
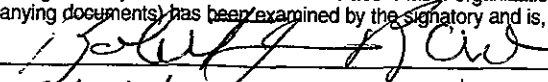
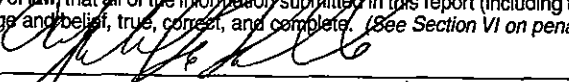
Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under PL. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

02A

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER 515-388	2. PERIOD COVERED MO DAY YEAR From 01 01 2000 Through 12 31 2000	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.				8. MAILING ADDRESS (Type or print in capital letters.) First Name ROBERT Last Name RAO P.O. Box • Building and Room Number (if any) Number and Street 9201 FOURTH AVENUE City BROOKLYN State NY ZIP Code + 4 11209-
4. AFFILIATION OR ORGANIZATION NAME PRODUCTION SERVICE AND SALES DISTRICT COUNCIL				
5. DESIGNATION (Local, Lodge, etc.) INTL.		6. DESIGNATION NUMBER		
7. UNIT NAME (if any) UFCW AFL-CIO				
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>				
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)				
Item Number	11 PRODUCTION SERVICE + SALES DISTRICT COUNCIL HEALTH FUND 11-188911T			
11	PRODUCTION SERVICE + SALES DISTRICT COUNCIL PENSION FUND 11-2006994			
13	OFFICE EQUIPT WAS LEFT AT FORMER PREMISES FOR DISPOSAL. EQUIPMENT WAS OUTMODED AND HAD NO MARKET VALUE			
14	ABE STEINBERG - CPA - 50 MERRICK ROAD ROCKVILLE CENTRE N.Y. 11570			
16	ROBERT J. RAO - SEC. TREAS. - LOCAL 517-S PSSDC UFCW AFL-CIO			
16	MICHAEL LA SALLE - SEC. TREAS. LOCAL 517-S PSSDC UFCW AFL-CIO			
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)				
76. SIGNED:  3/21/01 (718) 491-4700 Date Telephone Number		77. SIGNED:  3/21/01 (718) 491-4700 Date Telephone Number		
PRESIDENT (If other title, see instructions.)		TREASURER (If other title, see instructions.)		

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☒ ☐
12. Have a political action committee (PAC) fund? ☐ ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☒ ☐
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☒ ☐
15. Discover any loss or shortage of funds or other property? ☐ ☒
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☒ ☐
17. Liquidate or reduce any liabilities without disbursement of cash? ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 9071
19. What is the date of your organization's next regular election of officers? MO 10 YEAR 2001
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 310,000
21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>8</u> per <u>MONTH</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>25</u>
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☐ No ☒
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 515-388

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
ASSETS	25. Cash			75 881	192 764
	26. Accounts Receivable			0	0
	27. Loans Receivable	1		0	10 000
	28. U.S. Treasury Securities			146 459	0
	29. Investments	2		0	0
	30. Fixed Assets	5		6927	16917
	31. Other Assets	3		2140	2440
	32. TOTAL ASSETS			231 407	222 121
LIABILITIES	LIABILITIES		From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item				
	33. Accounts Payable			0	0
	34. Loans Payable	8		0	0
	35. Mortgages Payable			0	0
	36. Other Liabilities	4		14614	92
	37. TOTAL LIABILITIES			14614	92
38. NET ASSETS (Item 32 less Item 37)			216 793	222 029	

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 515-388

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			0	56. To Officers	9		314431
40. Per Capita Tax			858396	57. To Employees	10		54165
41. Fees			0	58. Per Capita Tax			85656
42. Fines			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments			0	60. Office & Administrative Expense	13		136015
44. Work Permits			0	61. Educational & Publicity Expense ...			0
45. Sale of Supplies			0	62. Professional Fees			96894
46. Interest			8994	63. Benefits	11		86840
47. Dividends			0	64. Contributions, Gifts & Grants	12		7100
48. Rents			0	65. Supplies for Resale			0
49. Sale of Investments & Fixed Assets	6		267389	66. Direct Taxes			26590
50. Loans Obtained	8		0	67. Withholding Taxes			191936
51. Repayments of Loans Made	1		0	68. Purchase of Investments & Fixed Assets	7		132793
52. On Behalf of Affiliates for Transmittal to Them			29913	69. Loans Made	1		10000
53. From Members for Disbursement on Their Behalf			0	70. Repayment of Loans Obtained	8		0
54. Other Receipts	14		190838	71. To Affiliates of Funds Collected on Their Behalf			23457
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements	15		92770
55. TOTAL RECEIPTS			1355530	74. TOTAL DISBURSEMENTS			1238647

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 515-388

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: LOCAL 222-S Purpose: WORKING CAPITAL Security: — Terms of Repayment: ON DEMAND	0	10,000	0	0	10,000
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	10,000	0	0	10,000
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between;"> ↑ Item 27 Column (A) ↑ Item 69 ↑ Item 51 ↑ Item 75 with Explanation ↑ Item 27 Column (B) </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 515-388

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. DEPOSITS ASSURANCE	2440
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2440
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. EXCH. PAYABLE - UFCW	76
2. PAYROLL TAXES	16
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	92
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 515-388

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	23637	6720	16917	16917
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			16917	
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		0
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 515-388

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. US TREASURY BILLS	120930	120930	120930
2. FURNITURE AND OFFICE EQUIPMENT	9067	9067	9067
3. LEASEHOLD IMPROVEMENTS	2796	2796	2796
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	132793	132793	132793
	7. Less Reinvestments		
	8. Net Purchases		132793
Enter the Total from Line 8 in Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in Item 34 Item 50 Item 70 Item 75 Item 34					
Column (C)			with Explanation		Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 515-388

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. Last Name: RAO First Name: ROBERT Title: PRESIDENT Status: C		249389	0	11126	0	260515
2. Last Name: LA SALLE First Name: MICHAEL Title: SECY TREASURER Status: C		190351	0	8898	0	199249
3. Last Name: EISS First Name: FREDRIC Title: VICE PRES Status: C		2850	0	0	0	2850
4. Last Name: BRISCOE First Name: KENNETH Title: REC SECRETARY Status: C		23850	0	733	0	24583
5. Last Name: RIVERA First Name: EDWARD Title: VICE PRES Status: C		0	0	0	0	0
6. Last Name: DOMINI First Name: WILLIAM Title: VICE PRES Status: C		0	0	0	0	0
7. Last Name: ROBINSON First Name: JAMES Title: VICE PRES Status: C		0	0	0	0	0
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		466440		20757		487197
				10. Less Deductions 172766		
Enter the Total from Line 11 in Item 56 ⇨				11. Net Disbursements 314431		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 515-388

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: 1. ALOMAR First Name: LUZ Position: OFFICE Name of Affiliated Organization: PENSION HEALTH	6303	0	0	0	6303
Last Name: 2. BORRIELLO First Name: JACQUEL Position: OFFICE Name of Affiliated Organization: PENSION HEALTH	14387	0	0	0	14387
Last Name: 3. DEGATI First Name: ERICA Position: OFFICE Name of Affiliated Organization: HEALTH FUND	17104	0	0	0	17104
Last Name: 4. KOPPMANN First Name: GEORGE Position: OFFICE Name of Affiliated Organization: HEALTH PENSION	11400	0	0	0	11400
Last Name: 5. MILAN First Name: MAYLIA Position: OFFICE Name of Affiliated Organization: HEALTH PENSION	1129	0	0	0	1129
6. Totals from additional pages (if any)	22873		158		22981
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates					
8. Totals of Lines 1 through 7	73146		158		73304
9. Less Deductions			19139		
Enter the Total from Line 10 in..... Item 57 ➞			10. Net Disbursements 54165		

SCHEDULE 11 — BENEFITS

FILE NUMBER: **515-388**

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION FUND CONTRIBUTIONS	PSSDC PENSION FD	33518
2. MEDICAL INSURANCE	BLUE X-BLUE SHIELD	35007
3. GROUP LIFE INSURANCE	ALLMERICA/N.AMER.BENEF	682
4. PRESCRIPTION DRUG PLAN	GENERAL PRESCRIPTION PROG	17633
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		86840
Enter the Total from Line 6		↑ Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. SCHEDULE ATTACHED	7100
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	7100
Enter the Total from Line 8 in ↑ Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	76750
2. TELEPHONE ELECTRIC	10263
3. STAMP POSTAGE COPIERS	22687
4. TOWERS COFFEE COMPUTER	14163
5. TOLLS PARKING	7604
6. REPAIRS MISCELL	4548
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	136015
Enter the Total from Line 8 in ↑ Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. REFUND - FED UN INS	440
2. REFUND - MED. INS	396
3. REFUND - AUTO INS	34
4. REFUND - INSURANCE	1515
5. REFUND - BK. CHARGES	166
6. REIMB-BY AFFILIATED LOANS	188287
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	190838
Enter the Total from Line 17 in Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. ORGANIZING MEETINGS	23029
2. SERVICES RENDERED	32765
3. INSURANCE EXPENSE	7688
4. CHRISTMAS EXPENSE	6464
5. FLOWERS, CONDOLENCES	1674
6. PERMITS	400
7. BANK CHARGES	306
8. DEPOSITS AS SECURITY	300
9. MISCELLANEOUS	144
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	72770
Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME: PROD. SERVICE + SALES DISTRICT COUNCIL

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 515-388

PAGE 1 OF 2 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name <u>BARTOLOTTA</u> First Name <u>JOHN</u> Title <u>VICE PRES</u> Status <u>C</u>		0	0	0	0	0
Last Name <u>LOVELL</u> First Name <u>JOSEPH</u> Title <u>VICE PRES</u> Status <u>C</u>		0	0	0	0	0
Last Name <u>LOIACANO</u> First Name <u>SAL</u> Title <u>VICE PRES</u> Status <u>C</u>		0	0	0	0	0
Last Name <u>FAUCELLA</u> First Name <u>PETER</u> Title <u>VICE PRES</u> Status <u>C</u>		0	0	0	0	0
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Totals						

ORGANIZATION NAME:

FILE NUMBER:

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Totals						

ORGANIZATION NAME:
PROD. SERVICE + SALES EMPLOYEES UNION

ENDING DATE OF PERIOD COVERED:
DECEMBER 31, 2000

FILE NUMBER: **515-388**

PAGE **1** OF **7** ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>PEREZ</div> </div> <div> <div>First Name</div> <div>LISANDRA</div> </div> <div> <div>Position</div> <div>OFFICE</div> </div> <div> <div>Name of Affiliated Organization</div> <div>HEALTH PENSION</div> </div>	4523	0	0	0	4523
<div> <div>Last Name</div> <div>LONANO</div> </div> <div> <div>First Name</div> <div>SCOTT</div> </div> <div> <div>Position</div> <div>OFFICE</div> </div> <div> <div>Name of Affiliated Organization</div> <div>HEALTH FUND</div> </div>	5600	0	0	0	5600
<div> <div>Last Name</div> <div>TORRES</div> </div> <div> <div>First Name</div> <div>NYDIA</div> </div> <div> <div>Position</div> <div>ORGANIZER</div> </div> <div> <div>Name of Affiliated Organization</div> <div>LOCAL 300 S</div> </div>	12700	0	158	0	12858
<div> <div>Last Name</div> <div></div> </div> <div> <div>First Name</div> <div></div> </div> <div> <div>Position</div> <div></div> </div> <div> <div>Name of Affiliated Organization</div> <div></div> </div>					
<div> <div>Last Name</div> <div></div> </div> <div> <div>First Name</div> <div></div> </div> <div> <div>Position</div> <div></div> </div> <div> <div>Name of Affiliated Organization</div> <div></div> </div>					
Totals	22873		158		22981

ORGANIZATION NAME:

FILE NUMBER: _____

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

Form LM-2

NAME PRODUCTION SERVICE AND SALES DISTRICT COUNCIL

ADDRESS 9201 4TH AVE BROOKLYN NY 11209

#515-388

Taxable Year
Ended.

DEC 31, 1900

SCHEDULE 12 - PAGE 11			
CONTRIBUTIONS			
WIDOWS & CHILDRENS FUND	500		
J.L.C. NATL TRADE COMMITTEE	500		
BOYS TOWN OF ITALY	100		
COLLEGE OF PODIATRY & MEDICINE	1000		
HUBER RETIREMENT	600		
CATHOLIC CHARITIES	600		
COLUMBUS CITIZENS FOUNDATION	500		
ST. FRANCIS DE SALES SCHOOL FOR THE DEAF	500		
ANN CHIZMAZIN FUND	100		
MUSEUM OF JEWISH HERITAGE	200		
FRIENDS OF ROBERT D. CARLO	2000		
MACKOWITZ / BROOKLYN	500		
Total	7100		

